

ISSUE SI IP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	RSD		5/2/01
FORMALITY REVIEW	<i>[Signature]</i>	932	66-12-01
RESPONSE FORMALITY REVIEW	Request	925	09-12-01

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
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10/13/01  
 81-50-3583  
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